

Entered - 07/09/99 - sb  
CL99L0420 - ALEXIS HOLMES

CLAIM OF: LEWIS S. NEWSON  
2011 Twin Falls Road  
Decatur, Georgia 30032

01-*R*-1532

For damages alleged to have been sustained as a result of vehicular damage due to road construction on May 28, 1999 at Moreland Avenue between Custer and Confederate Avenues.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY *Robert M. [unclear] DCA*

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0420

Date: September 12, 2001

Claimant /Victim LEWIS S. NEWSON

BY: (Atty) (Ins. Co.) \_\_\_\_\_

Address: 2011 Twin Falls Road, Decatur, Georgia 30032

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 338.32 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 06/29/99 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) \_\_\_\_\_

Date of Occurrence 05/28/99 Place: Moreland Avenue, between Custer and Confederate Avenues

Department \_\_\_\_\_ Division: \_\_\_\_\_

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

**NATURE OF CLAIM:** The claimant alleges that his vehicle was damaged when he drove over a pothole in the roadway. The investigation determined that the area where the incident occurred is a part of the Georgia State highway system. The claim has been forwarded to the State Department of Transportation for handling and the claimant has been advised.

### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures X Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_

Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_

City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

### RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 09-12-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK

City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 6-22-99

JUN 29 1999

ENTERED - 7-9-99 - SB  
99L0420 - DOBBS-JORDAN

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \_\_\_\_\_ property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 5-28-99 (month/day/year) 2. Time of Incident: Approx. 12:00 PM 3. Police called: X Yes No
4. Location of incident (including street address): Moreland Ave. (away from town) before K. Page 243 blocks
5. Name of your insurance company: State Farm Policy No. P3756001611
6. State what and how incident occurred: While driving along Moreland Ave, my son hit a huge pothole in the road. (see pictures). He could not dodge it because there was traffic in the lane next to him. The front right tire hit it, and it now makes a clanking noise.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: Honda 1991 559LRK Keon Newson  
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Kendall Newson 2011 Twin Falls Rd Dec. Ga 30032 4-284-0630  
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Lewis S. Newson  
Signature of Claimant

Lewis S. Newson  
(Print Claimant's Name)

2011 Twin Falls Rd  
(Address)

Decatur Ga 30032  
(City, State and Zip Code)

404-378- 404-284-0630  
(Work Number) (Home Number)

01-R-1532